

Application to Become a OCFS Service Provider:

- Please list which service(s) you are seeking to provide;
 - ☐ TCM, Section 13
 - ☐ RCS, Section 28
 - ☐ Outpatient, Section 65
 - ☐ Med Management, Section 65
 - ☐ HCT, Section 65
 - ☐ Other
- Please indicate which Resource Coordinator you contacted to initiate your agency's application process
 - ☐ Cheryl Hathaway; Districts 6, 7, 8
 - ☐ Kellie Pelletier; Districts 3, 4, 5
 - ☐ Cathy Register Districts 1, 2

NOTE:

All information requested in this application along with the application must be submitted to your Resource Coordinator via email. If your agency is proposing a mental health service it is expected that a copy of your agency's mental health license and approval letter are sent to OCFS prior to submission of the application packet.

Please submit separate documentation with your proposal for each item listed below:

- 1) ☐ Liability company and amount
- 2) ☐ Insurance company, type and amount of insurance(w/face sheet)
- 3) ☐ Organizational Chart
- 4) ☐ Board of Directors
- 5) ☐ Employee Handbook
- 6) ☐ Mission Statement
- 7) ☐ Vision Statement
- 8) ☐ Brochure
- 9) ☐ Background checks (State Bureau of Investigation, Child Protective, Motor Vehicle - including the individual's name & license #, Federal Exclusions Program: <https://oig.hhs.gov/exclusions/index.asp> Sex Offender Registry: <http://sor.informe.org/cgi-bin/sor/index.pl>)
- 10) ☐ Resume(s) of CEO and other relevant partners/managers
- 11) ☐ Licensing or Certifications Held
- 12) ☐ Your agency's Quality Assurance plan
- 13) ☐ Your Agency's Crisis plan

Agency Demographics:

1) Agency Name & Vendor Code: _____

Agency EIN Number: _____

2) Agency Location: _____
(Note: Home / personal residences are not permitted)

3) Agency Mailing Address (if different than physical location): _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____ TTY: _____

Is your agency a Non-Profit or for Profit? _____

(If non-profit please submit a list of your board of directors) _____

4) Current Management Team:

CEO/Executive Director: _____

Clinical Program Manager: _____

Finance Manager: _____

IT Manager: _____

Funding:

1.) How do you plan to be reimbursed for your services? _____

2.) If MaineCare, which of the current MaineCare rule governing this service have you read?

3.) If private insurance please explain further: _____

4.) Please explain your history of;

A. Operating a business _____

B. Working with the population you propose to serve: _____

Proposed Service Model:

1.) Agency Proposed Service Model;

A. Theoretical Framework:

B. Details of how you envision offering each service with this proposal including Geographic coverage, Target Population (age, diagnosis, functional ability), number of staff projecting to hire in the first year and staff qualifications: _____

C. What will supervision look like/describe your agency's supervision expectations- Be specific include frequency, qualification of supervisors and consultants, amount of direct and group time

- D. How do you incorporate Evidence Based Practices in your treatment?
- E. How will you incorporate the TI system of Care Principles throughout your agency
- F. How will you incorporate co-occurring practices?
- G. It is the Department's expectation for each agency to conduct an annual comprehensive quality assurance/improvement review . Please describe in detail your agency's QA/QI process, how you determine areas to focus upon, how accomplishments are identified, use of outside professionals, etc. (Please submit any current QA/QI plan)

Training:

7.) Please include how you plan to address professional ethics, trauma informed care, co-occurring issues, boundary issues, family inclusion and participation, crisis/safety responses, mandated reporting, and any others.

(Note: TCM providers must also adhere to the core trainings expected by the department.)

- Working as a member of a team: _____

- Working collaboratively with Community Partners : _____

- Specify Evidence Based Practices for your agency _____

And Crisis Planning:

- Explain your agency's crisis/safety planning process for clients and staff:

- Please include a copy of your agency's crisis/safety plan:

Justification for Service:

Why do you think this service is needed? Give specific instances where the need for this service was not met:

Any other additional information you would like to share about your agency:

CONTACTS:

Please contact the listed Resource Coordinator(s) below for assistance.

1. If you plan to offer services in:

Cumberland/York Counties, contact: Cathy Register at 822-2331 cathy.register@maine.gov

2. If you plan to offer services in:

Androscoggin, Franklin, Oxford, Somerset, Kennebec, Lincoln, Waldo, Knox or Sagadahoc Counties, contact: Kellie Pelletier at 624-7944;
Kellie.A.Pelletier@maine.gov

3. If you plan to offer services in:

Penobscot, Piscataquis, Hancock, Washington, or Aroostook Counties, contact: Cheryl Hathaway at 561-4204; Cheryl.Hathaway@maine.gov